

	PERMIT APPLICATION FENCE TYPE OR PRINT IN INK ONLY	Permit Number <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
	BUILDING AND ENFORCEMENT SERVICES CONSTRUCTION SERVICES DIVISION 2345 PROVIDENCE BLVD - DELTONA, FL 32725 Permitting: 386-878-8650 – 386-878-8660 Zoning: 386-878-8665 - Fax 386-878-8651 E-mail: permitting@deltonafl.gov	Parcel ID#
		City of Deltona Automated Inspection System (386) 575-6900 / (407) 936-9999
Owner's Name		Telephone– Include Area Code
Project Address – Include City & Zip		E-mail
Owner's Mailing Address – Include City, State, & Zip		
Fence Company's Name		Phone () -
Fence Company's Mailing Address – Include City & Zip		Fax () -
Competency Holder's Name	Business Tax Receipt No. or License No.:	E-mail
Fence Ordinance Section 110-806.		
Description of Work _____ and SHALL be FINISHED SIDE OUT		
<input type="checkbox"/> Pursuant to Chapter 556.105 (1)(a), Florida Statute, as amended, an excavator of the work performed under the scope of this application SHALL call SUNSHINE STATE ONE-CALL at 811 not less than two nor more than ten business day before digging. Fence will be constructed as a pool barrier per Residential Swimming Pool Safety Act Requirements Section 515 Florida Statute <u>Check one:</u> <input type="checkbox"/> NO <input type="checkbox"/> YES		
NOTICE TO OWNER: Utility companies reserve the right to access private property for purposes of installing, maintaining, repairing, and replacement of lines and equipment in the utility drainage easement. Utility companies are not required to replace, repair, or re-install any fence that obstructs their access.		
IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO PUT FENCE ON THEIR PROPERTY – GOOD SIDE OUT		
Estimate Job Valuation \$ _____	Signature of Applicant _____ (Signature to be Notarized)	
Date _____		
STATE OF FLORIDA, COUNTY OF _____		
Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) identification.		
Signature of Notary Public State of Florida _____		
Print, Type or Stamp Name of Notary _____ (SEAL)		
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Call 386-575-6900 or 407-936-9999. Inspection will be done on the next business day.		
PERMIT EXPIRATION: permit expires 180 days from date issued unless otherwise noted or governed by law.		
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.		
PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE _____		